

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
PG4114

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND PACKAGE FOR STORING A PRESSURIZED CONTAINER CONTAINING A DRUG

the specification of which (check only one item below):

☐ [x] is attached hereto.☒ [X] was filed as United States application Serial No. 09/599,274 on 22 June 2000 and was amended on _____ (if applicable)☐ [] was filed as PCT international application Number _____ on _____

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. PCT	PCT/US99/27851	23 November 1999	X
2.			
3.			
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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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Send Correspondence to: David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709				Direct Telephone Calls to: Christopher P. ROGERS 919-483-1240																															
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME GARRILL	FIRST GIVEN NAME Karl	SECOND GIVEN NAME/INITIAL Andrew																															
	RESIDENCE & CITIZENSHIP	CITY Hertford	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB																															
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome R&D Park Road	CITY Ware	STATE & ZIP CODE/COUNTRY Herts SG12 OXG																															
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME HAAN	FIRST GIVEN NAME Richard	SECOND GIVEN NAME/INITIAL J.																															
	RESIDENCE & CITIZENSHIP	CITY Germantown	STATE OR FOREIGN COUNTRY TN	COUNTRY OF CITIZENSHIP US																															
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8863 Dogwood Road	CITY Germantown	STATE & ZIP CODE/COUNTRY TN 38139, US																															
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME HERMAN	FIRST GIVEN NAME Craig	SECOND GIVEN NAME/INITIAL Steven																															
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US																															
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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME WALKER	FIRST GIVEN NAME Richard	SECOND GIVEN NAME/INITIAL Ian																															
	RESIDENCE & CITIZENSHIP	CITY Hertford	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB																															
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)	ATTORNEY'S DOCKET NUMBER PG4114
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0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>GARRIN</i>	Signature of Inventor 202	Signature of Inventor 203
Date 15th Sept. 2000	Date	Date
Signature of Inventor 204 <i>WALKER</i>	Signature of Inventor 205	Signature of Inventor 206
Date 25 sept 2000	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

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1. PCT	PCT/US99/27851	23 November 1999	X
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
PG4114

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09/571,388	15 May 2000		X	
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PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		
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Karen L. Prus Reg. No. 39,337
Robert H. Brink Reg. No. 36,094
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Send Correspondence to:

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Glaxo Wellcome Inc.
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

Direct Telephone Calls to:

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919-483-1240

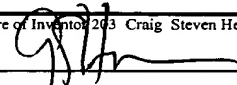
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GARRILL	Karl	Andrew
		Hertford	GB	GB
		Glaxo Wellcome R&D Park Road	Ware	Herts SG12 OXG
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		HAAN	Richard	J.
		Germantown	TN	US
		8863 Dogwood Road	Germantown	TN 38139, US
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		HERMAN	Craig	Steven
		Raleigh	NC	US
		c/o Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		WALKER	Richard	Ian
		Hertford	GB	GB
		Glaxo Wellcome R&D Park Road	Ware	Herts SG12 OXG
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Signature of Inventor 201 Karl Andrw Garrill	Signature of Inventor 202 Richard Haan	Signature of Inventor 203 Craig Steven Herman X 
Date	Date	Date X 13 Oct 2000
Signature of Inventor 204 Richard Ian Walker	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
PG4114

206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 Karl Andrw Garrill	Signature of Inventor 202 Richard Alan Walker <i>[Signature]</i>	Signature of Inventor 203 Craig Steven Herman
Date	Date <i>10/14/00</i>	Date
Signature of Inventor 204 Richard Ian Walker	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		